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Excelsior College Examination  
Content Guide for  
**Professional Strategies in Nursing**  
(Baccalaureate Level)

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# Important information to help you prepare for this Excelsior College Examination

## General Description of the Examination

The Excelsior College Examination in Professional Strategies examination measures knowledge and understanding of the professional role within the occupation of nursing. The examination focuses on the development of the profession, professional practice, and the health care delivery system.

### ■ Uses for the Examination

Excelsior College, the test developer, recommends granting four (4) semester hours of upper-level undergraduate credit to students who receive a letter grade of C or higher on this examination. This recommendation is endorsed by the American Council on Education. The examination satisfies part of the nursing component of the Excelsior College Baccalaureate Degree in Nursing. Other colleges and universities also recognize this exam as a basis for granting credit or advanced standing. Individual institutions set their own policies for the amount of credit awarded and the minimum acceptable score. Before taking the exam, you should check with the institution from which you wish to receive credit to determine whether credit will be granted and/or to find out the minimum grade required for credit.

### ■ Examination Length and Scoring

The examination consists of approximately 160 four-option multiple-choice questions, some of which are unscored, pretest questions. You will have three (3) hours to complete the examination. Since you will not be able to tell which questions are being pretested, you should do your best on all of them. Scores are based on ability level as defined in the item response theory (IRT) method of exam development, rather than simply on your total number of correct answers. Your score will be reported as a letter grade.

### ■ Examination Administration

The examination is administered by computer at Prometric Testing Centers®\* throughout the United States and in Canada, American Samoa, Guam, Puerto Rico, Saipan (Northern Mariana Islands), and the Virgin Islands. The examination is also administered at approved international testing centers. To receive information concerning testing dates, locations, and fees, contact Excelsior College.

### ■ Computer-Delivered Testing

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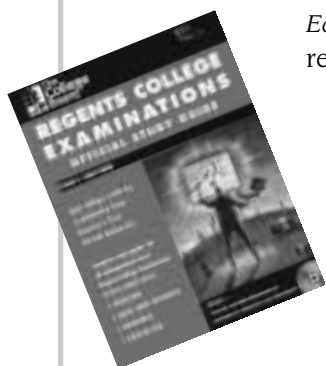
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■ **The Regents College Examinations Official Study Guide, 2001 Edition—Now the best resource for Excelsior College Examinations.**

Regents College Examinations are now called Excelsior College Examinations. The name change is just that. The examinations' titles and content remain the same, and this one-volume book continues to offer current, in-depth information for all undergraduate-level examinations in nursing, arts and sciences, education, and business administered through September 30, 2001. The updated *Excelsior College Examinations Official Study Guide – 2002 Edition* will be available in July 2001. This comprehensive guide is the best study resource for revised and new examinations administered beginning October 1, 2001.

**Special features include:**

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# for Excelsior College Examinations

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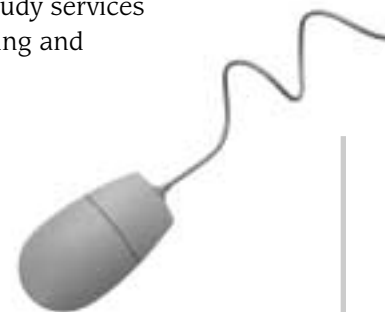
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## ■ Examination Objectives

You will be expected to demonstrate the ability to:

1. evaluate historical and current trends and issues for their relevance to current and future nursing practice;
2. integrate knowledge of ethical and legal aspects of health care and professional values into nursing practice;
3. use the research process to study problems and use research findings to improve outcomes of nursing practice;
4. comprehend the roles and responsibilities of the professional nurse in relation to the nursing profession and to the health care of society;
5. synthesize knowledge from the humanities, social sciences, natural sciences, and nursing science in making decisions in the practice of professional nursing.

## Content Outline

*The major content areas on the examination and the percent of the examination devoted to each content area are listed below.*

CONTENT AREA	PERCENT OF THE EXAMINATION
I. Trends and Events that have Influenced the Development of the Profession of Nursing (1860-Present)	10%
II. Accountability for Professional Practice	35%
III. Design and Management of Professional Practice	40%
IV. The Health Care Delivery System	15%
Total	100%

### I. Trends and Events that have Influenced the Development of the Profession of Nursing (1860–Present) (10%)

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#### A. Influence of world events and trends

1. Religion and religious orders
2. Wars
3. Economic factors
4. Social factors (for example: the role of women in the workforce and society; *Nursing: A Social Policy Statement* [ANA] 1980)
5. Scientific and technological advances
6. Unionization movement

#### B. Significant studies

1. *Nursing and Nursing Education in the United States* (Goldmark Report) 1923
2. *A Curriculum Guide for Schools of Nursing* (National League for Nursing Education) 1937
3. *Nursing for the Future* (Brown Report) 1948
4. *Community College Education for Nursing* (Mildred Montag) 1959
5. *An Abstract for Action* (Lysaught Report) 1970
6. *Nursing and Nursing Education: Public Policies and Private Actions* (Institute of Medicine study) 1983
7. National Commission on Nursing Implementation Project (NCNIP) (ANA; Kellogg) 1985
8. Pew Health Professions Commission Reports

- C. Nursing organizations** (membership; purposes; functions; impact on nursing, health care, and politics)
1. International Council of Nurses (ICN)
  2. American Nurses Association (ANA)
  3. American Association of Colleges of Nursing (AACN)
  4. National Council of State Boards of Nursing
  5. National League for Nursing (NLN)
  6. Sigma Theta Tau
  7. National Student Nurses Association (NSNA)
  8. American Academy of Nursing (AAN)
  9. Clinical specialty organizations
- D. Significant leaders** (Florence Nightingale, Mary Mahoney, Isabel Hampton Robb, Lillian Wald, Mary Adelaide Nutting, Isabel M. Stewart, Mildred Montag, Loretta Ford, Abdallah Faye)
- E. Changing patterns in community-based education**
1. Nightingale model
  2. Diploma programs
  3. Associate degree programs
  4. Baccalaureate degree programs (generic and RN programs)
  5. Master's and doctoral programs
  6. Certificate and practitioner programs
  7. Practical nurse programs
  8. Continuing education
  9. Regulatory influences
    - a. State and federal government
    - b. Nursing organizations (for example: 1965 ANA position paper)

## **II. Accountability for Professional Practice (35%)**

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- A. Quality management/quality assurance**
1. Standards of nursing practice
    - a. Purpose
    - b. Types
      - 1) Structure
      - 2) Process
      - 3) Outcome
    - c. Standards
      - 1) Generic standards
      - 2) ANA standards
      - 3) Specialty organization practice standards
  2. Mechanisms for quality assurance
    - a. Peer review
    - b. Certification
    - c. Outcome criteria
    - d. Nursing audit
    - e. ANA guidelines and model
    - f. Utilization review
    - g. Risk management
    - h. Consumer involvement
  3. Regulatory agencies (for example: Joint Commission on Accreditation of Healthcare Organizations [JCAHO], state health departments, federal agencies, Community Health Accreditation Program [CHAP])
- B. Legal aspects**
1. Statutory regulations
    - a. Licensure
      - 1) Purpose and legal definition
      - 2) Requirements for licensure
      - 3) Licensure by endorsement
      - 4) Grounds for revocation (for example: professional misconduct)

- b. Nurse practice acts
- c. Issues (for example: sunset laws, appropriate roles for the state board of nursing, entry into practice, regulation of changing practice, expanded practice, unlicensed assistive personnel)
- 2. State boards of nursing
  - a. Purpose
  - b. Function
- 3. Civil law
  - a. Torts
    - 1) Negligence (common acts)
    - 2) Malpractice, including Good Samaritan Act
    - 3) Slander and libel
  - b. Contracts
  - c. Legal documents (for example: informed consent, health care records, incident reports, advance directives)
  - d. Liability
- 4. Criminal and penal law
  - a. Assault and battery
  - b. Federal drug control legislation
  - c. Physical and psychological abuse of others (for example: chemical and physical restraints)

### C. Ethical aspects

- 1. Values clarification
- 2. Rights and obligations in health care
  - a. Of consumers—*A Patient's Bill of Rights*
  - b. Of providers—personal and professional
- 3. Ethical issues in nursing (as they relate to such situations as abortion, clients with HIV, genetic engineering, euthanasia, organ transplants, do-not-resuscitate orders [DNRs], withdrawal of nutrition and hydration)

- a. Self-determination (for example: Patient Self-Determination Act of 1990, advance directives)
- b. Privacy and confidentiality
- c. Reporting illegal and unethical conduct (whistle-blowing)
- d. Allocation of scarce resources
- e. Advocacy
- 4. Process of making ethical decisions
- 5. Ethical theories (for example: utilitarian, deontological, teleological)
- 6. Ethical principles (for example: justice, beneficence, autonomy, nonmaleficence, fidelity)
- 7. Personal and professional accountability
  - a. Ethics committees
  - b. Implementation of the *ANA Code for Nurses* and the *ICN Code for Nurses*

## III. Design and Management of Professional Practice (40%)

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### A. Nursing as a profession

- 1. Characteristics of a profession (for example: unique body of knowledge, specialized expertise, autonomy, service, education)
- 2. Professional socialization (for example: preceptorships, mentoring, Patricia Benner's model, resocialization of the RN)

### B. Theoretical basis for professional nursing practice

- 1. Concepts of nursing theory (person [client], nurse, health, environment)
- 2. Major nursing theorists (Virginia Henderson, Betty Neuman, Dorothea Orem, Hildegard Peplau, Martha Rogers, Sister Callista Roy, Jean Watson, Madeleine Leininger, Nola Pender)

3. Application of major nursing theorists to nursing practice (for example: establishing priorities, strategy selection, evaluation of outcomes)

### **C. Nursing care delivery**

1. Types of nursing care delivery
  - a. Functional nursing
  - b. Team nursing
  - c. Primary nursing
  - d. Managed care/case management
  - e. Differentiated practice
  - f. Clinical/critical pathways
2. Roles of the nurse (for example: provider of care, advocate, collaborator, educator, independent practitioner, member of interdisciplinary health care team)

### **D. Strategies employed in the professional role**

1. Change theory and the process of change
2. Obtaining and using power
3. Leadership theory and styles
  - a. Styles (for example: democratic, autocratic, laissez-faire)
  - b. Theory (for example: path-goal, life cycle)
4. Management theory (for example: scientific management, human relations, systems)
5. Management techniques
  - a. Time management
  - b. Personnel management
  - c. Financial management
  - d. Planning (for example: strategic, contingency)
  - e. Nursing informatics
  - f. Nursing classification systems (for example: nursing intervention classification [NIC], nursing outcome criteria [NOC])

6. Human resource management
  - a. Delegation
  - b. Conflict management
  - c. Communication techniques (for example: assertiveness, management information services)
  - d. Managing groups
  - e. Decision making (for example: problem solving, critical thinking)
  - f. Motivating staff (for example: career mobility opportunities)
  - g. Managing staff with special needs (for example: reality shock, burnout, substance abuse)
  - h. Collective bargaining
  - i. Sexual harassment
  - j. Americans with Disabilities Act (ADA)

## **IV. The Health Care Delivery System (15%)**

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### **A. Development of health care policy and legislation**

1. Legislative process—development of local, state, and federal legislation
2. Strategies to affect the political process (for example: negotiating, lobbying, letter writing, testifying, networking)
  - a. By the individual nurse
  - b. By professional organizations (for example: ANA-PAC, state nursing associations)
  - c. By special interest groups
3. Legislative issues (for example: public policy, universal and equitable access, emphasis on preventive services, cost control, rationing of health care)

### **B. Planning and organizing health care delivery**

1. Types, functions, and purposes of facilities
  - a. Governmental (for example: Veterans Administration, U.S. Public Health Service, state health departments)

- b. Private, for profit (for example: Humana, Hospital Corporation of America, proprietary home health agencies)
  - c. Voluntary, nonprofit (for example: community hospitals, hospice)
  - d. Managed care (preferred provider organizations [PPOs], independent practice associations [IPAs], health maintenance organizations [HMOs], managed care organizations [MCOs])
- 2. Impact of health status indicators
  - a. Epidemiological trends
  - b. Demographic trends
- 3. Impact of societal challenges (for example: deinstitutionalization, state and federal health department regulations, changing focus of health care, disenfranchised populations, cultural diversity, accessibility and availability of services, maldistribution of health care providers)

### **C. Current issues in financing health care**

- 1. Reimbursement methods
  - a. Personal payment or fee for service
  - b. Workers' compensation
  - c. Medicare
  - d. Medicaid
  - e. Private insurance (traditional, HMOs, preferred provider organizations [PPOs])
- 2. Cost containment measures (for example: diagnosis-related groups [DRGs], managed care, professional review organizations, Health Care Financing Administration)
- 3. Economics of nursing care (for example: patient classification systems, maldistribution of providers, direct reimbursement for nursing service)
- 4. Health care reform and national health insurance

# Sample Questions

The questions that follow illustrate those typically found on this examination. These sample questions are included to familiarize you with the type of questions you will find on the examination. The answers can be found on the inside back cover of this guide.

1. Which was the major effect of the Civil War on the development of nursing in the United States?
  - 1) The army built multiple small field hospitals and oriented a corps to care for the sick and wounded.
  - 2) Religious nursing orders that had supplied most of the nurses for the war effort expanded greatly.
  - 3) The public learned of the need for trained nurses to care for the wounded soldiers.
  - 4) The American Red Cross trained a reserve corps of volunteer nurses who could be called as necessary.
2. Which was a direct result of the service given by the nurses who served in the Spanish-American War?
  - 1) recognition of the need for education about cultural differences in nursing schools
  - 2) development of nursing theory about how to care for persons with communicable diseases
  - 3) establishment of the role of the nurse as a researcher because nurses helped in the study of typhoid fever
  - 4) establishment of a permanent Army Nurse Corps comprised of hospital-trained female nurses
3. What was the purpose of the 1970 study *An Abstract for Action*?
  - 1) to survey nurses' attitudes towards their work roles and job satisfactions
  - 2) to improve the delivery of health care by improving the nursing profession
  - 3) to study nursing programs for their potential to ease the nursing shortage
  - 4) to assess the extent to which the nursing process was being utilized by nurses
4. What is the primary purpose of using retrospective chart audits in a nursing quality assurance program?
  - 1) to acquire data about the process of client care
  - 2) to evaluate the performance of individual nurses, teams of nurses, and nursing units
  - 3) to identify deficiencies in the documentation of client care
  - 4) to collect data about client outcomes for the purpose of evaluating nursing care
5. A nurse would like to find out if adding an anesthetic agent to a laboring client's epidural line is within the scope of nursing practice. Which action would give the nurse the most reliable information?
  - 1) Ask an obstetrician.
  - 2) Write to the state board of nursing.
  - 3) Research the question through review of current journal articles.
  - 4) Ask the agency's nurse administrator for a ruling.
6. In most states, if a client signs a consent form for a procedure but the procedure has not been fully explained, the client can bring which charges to court?
  - 1) assault
  - 2) battery
  - 3) fraud
  - 4) negligence

7. What should the nurse do if asked to witness a will for a client?

The nurse should

- 1) agree, and ask to review the document before signing it.
- 2) agree, and note on the chart the client's apparent mental condition at the time of the signing.
- 3) decline, as it is against professional standards for nurses to witness wills.
- 4) decline, as it is generally against hospital standards for nurses to witness wills.

8. How are the AHA *Patient's Bill of Rights* and the ANA *Code for Nurses* similar?

- 1) Both address incompetent practice.
- 2) Both focus on the client.
- 3) Both place importance on respect for clients.
- 4) Both emphasize the client's right to information.

9. After arranging his schedule to visit six clients today, a community health nurse receives a referral for an emergency visit to a new client. Using the principle of distributive justice, how would the nurse respond to this situation?

- 1) Reschedule the least needy of the six clients to another day and include the new client today.
- 2) Tell the referring physician that today's schedule has already been set and the new client cannot be added.
- 3) Choose randomly to reschedule one of the six clients to another day and add the new client today.
- 4) Reduce visiting time with each of the six clients and use the remaining time to visit the new client.

10. What is the major ethical function of an institutional review board in a health care facility?

- 1) to evaluate the merits of research protocols intended for use with clients
- 2) to protect clients from being deprived of personal rights and dignity
- 3) to determine whether research projects are potentially beneficial to the institution
- 4) to solve ethical dilemmas that arise with clients in the institution

11. Which nursing behavior reflects autonomy in nursing practice?

- 1) demonstrating accountability in practice
- 2) cultivating a professional attitude
- 3) learning how to become a change agent
- 4) developing fee-for-service mechanisms

12. Which statement best describes Patricia Benner's novice to expert model of professional socialization?

- 1) Thorough knowledge and understanding of the nursing process is basic to entry into nursing.
- 2) Application of theory to practice is reflected in the professionally mature nurse.
- 3) Mastery of technical tools and procedures is essential to success in nursing.
- 4) Experience is absolutely necessary for the development of professional expertise.

13. What should be accomplished during the social integration stage of resolving reality shock, according to the Kramer model of socialization?

- 1) executing skills and routines proficiently
- 2) implementing conflict resolution
- 3) maintaining professional standards while fitting into the work group
- 4) managing priorities within the organization of the workplace

14. Which nursing action is an example of tertiary prevention as described by Betty Neuman?
- 1) Give the client who has recently achieved a weight-loss goal the meeting place and time for a weight-loss maintenance group.
  - 2) Provide a client who is four weeks postpartum with information on diet and exercise to attain a desired weight loss.
  - 3) Make an appointment for a client with obesity to meet with the dietician to initiate discussion of meal planning.
  - 4) Validate with the client the value of current diet and exercise habits for the retention of health.
15. Using Martha Rogers's nursing model, how would nurses view their professional role?
- 1) Nurses use intellectual judgment and scientific knowledge in interacting in creative, innovative ways to promote patterns of living that are in harmony with the environment.
  - 2) Nurses deliberately select and perform actions that assist individuals with self-care in a way that contributes to maintenance and promotion of structural integrity, functioning, and development.
  - 3) Nurses perceive clients as biopsychosocial beings who may be experiencing unusual stressors, and promote clients' effective coping and progress toward integration.
  - 4) Nurses assist sick or well clients in a complementary role, and work toward the goal of helping clients gain independence as rapidly as possible.
16. What is the purpose of the case management approach to nursing care delivery?
- 1) to ensure that clients are discharged from the hospital within the guidelines for diagnosis-related groups (DRGs)
  - 2) to make client assignments based on care providers' level of education and experience
  - 3) to ensure that clients receive the services they need in an efficient and cost-effective manner
  - 4) to provide each client with a single nurse who will be responsible for the delivery of consistent and comprehensive care
17. Which role is the nurse fulfilling when the nurse includes the client and family members in the development of a plan of care for the client?
- 1) client advocate
  - 2) collaborator
  - 3) educator
  - 4) independent practitioner
18. How can the nurse manager best utilize the services of the clinical nurse specialist assigned to the unit?
- 1) Ask the specialist to develop unit policies and procedures.
  - 2) Seek the specialist's knowledge in the staff's care of the most difficult client.
  - 3) Have the specialist evaluate the staff's nursing care.
  - 4) Give the specialist responsibility for updating all nursing care plans written by the staff.
19. A staff nurse decides to study for a master's degree in nursing administration. How will this activity assist the nurse in achieving power in the workplace?
- 1) by earning the nurse the respect of physicians
  - 2) by serving as a role model to other staff nurses who wish to pursue master's degrees
  - 3) by enhancing the nurse's qualifications as an applicant for a line authority position
  - 4) by increasing the nurse's knowledge of direct client care
20. Which would be the most effective way for nurses to improve the delivery of health care?
- 1) Increase their awareness of public needs.
  - 2) Understand and become involved in public policy formation.
  - 3) Standardize educational requirements for nursing.
  - 4) Write grants for individual projects to study health care.

21. Which of the following was an underlying factor that influenced the development of health maintenance organizations (HMOs)?

- 1) balancing the loss of inpatient revenues
- 2) facilitating reimbursement for physician claims
- 3) reducing the cost of health care by providing preventive treatment
- 4) increasing the opportunities for access to health care

22. Which nursing action would be most characteristic of the nurse practitioner in a health maintenance organization (HMO)?

- 1) providing primary care for a specific group of clients
- 2) assuming responsibility for individual client education rather than for group education
- 3) screening all telephone calls and, based on client needs, referring clients to particular physicians
- 4) obtaining hospital admitting privileges for routine client workups

23. What was the primary purpose of the development of health maintenance organizations (HMOs)?

- 1) to emphasize health promotion and maintenance
- 2) to offer comprehensive health care
- 3) to provide a cost-effective alternative to traditional fee-for-service care
- 4) to utilize nonphysician health care providers efficiently

# Learning Resources for this Exam

The study materials listed below are recommended by Excelsior College as the most appropriate resources to help you study for the examination. The group of textbooks as a whole provides very good coverage of the topics on the content outline. For information on ordering from the Excelsior College Bookstore, see p. 2. You may also find resource materials in college libraries, schools of nursing, medical schools, and hospitals. Public libraries may have some of the textbooks or may be able to obtain them through an interlibrary loan program.

You should allow sufficient time to obtain resources and to study before taking the exam.

## Recommended Resources

Aiken, T. (with Catalano, J.) (1994). Legal, ethical, and political issues in nursing. Philadelphia: F.A. Davis.

Huber, D. (1996). Leadership and nursing care management. Philadelphia: W.B. Saunders.

Kelly, L., & Joel, L. (1999). Dimensions of professional nursing (8th ed.). New York: McGraw-Hill.

Leddy, S., & Pepper, J. (1998). Conceptual bases of professional nursing (4th ed.).  
Philadelphia: Lippincott-Raven.

Schwirian, P.M. (1998). Professionalization of nursing: Current issues and trends (3rd ed.).  
Philadelphia: Lippincott-Raven.

Ellis, J.R., & Hartley, C.L. (1998). Nursing in today's world: challenges, issues, and trends.  
Philadelphia: Lippincott-Raven.

McCloskey, J.C., & Grace, H.K. (1997). Current issues in nursing (5th ed.). Philadelphia: Mosby.

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## Additional Resources

As you use one of the recommended textbooks to study for this examination, you may find that you need additional clarification in specific content areas. The examination development committee recommends that you use the following additional resources to supplement your understanding of the material in the recommended textbooks. You may be able to locate these resources through a library. It is probably not necessary to purchase these resources.

### Textbooks

Each textbook listed includes an annotation noting the content areas covered in the text.

Catalame, J.T. (1996) *Contemporary professional nursing*. Philadelphia: F.A. Davis.

Chitty, K. (1993). *Professional nursing: Concepts and challenges*. Philadelphia: W.B.Saunders  
(Content Areas IA, IC, ID, IE, IIB, IIC, IIIA, IIIB, IIIC, IVB, IVC)

George, J. (1995). *Nursing theories: The base of professional nursing practice* (4th ed.).  
Norwalk, CT: Appleton & Lange (Content Areas IIIA, IIIB)

Harrington, C., & Estes, C. (1993). *Health policy and nursing: Crisis and reform in the U.S. health care delivery system*. Boston: Jones and Bartlett. (Content Areas IVB, IVC)

Kozier, B., Erb, G., & Blais, K. (1992). *Concepts and issues in nursing practice* (2nd ed.).  
Menlo Park, CA: Addison-Wesley. (Content Areas IA, IC, IE, IIB, IIC, IIIA, IIIB, IIIC, IVB)

Marquis, B., & Huston, C. (1992). *Leadership roles and management functions in nursing: Theory and application*. Philadelphia: J.B. Lippincott. (Content Areas IIB, IIIC, IIID)

Mitchell, P., & Grippando, G. (1993). *Nursing perspectives and issues* (5th ed.). Albany, NY: Delmar.  
(Content Areas IA, IB, IC, ID, IE, IIA, IIB, IIIB, IIIC, IVA, IVB)

Oermann, M. (1991) *Professional nursing practice: A conceptual approach*. Philadelphia: J.B. Lippincott.  
(Content Areas IIB, IIIA, IIIB)

Stanhope, M., & Lancaster, J. (1996). *Community health nursing: Promoting health of aggregates, families, and individuals* (4th ed.). St. Louise: Mosby. (Content Areas IA, IIA, IVB, IVC)

Sullivan, E., & Decker, P. (1992). *Effective management in nursing* (3rd ed.). Menlo Park, CA: Addison-Wesley.  
(Content Areas IIA, IIIC, IIID)

Tappen, R. (1995) *Nursing leadership and management: Concepts and practice* (3rd ed.).  
Philadelphia: F.A. Davis.

Zerwekh, J., & Claborn, J. (1994). *Nursing today: Transition and trends*. Philadelphia: W.B. Saunders.  
(Content Areas IA, IC, ID, IE, IIB, IIC, IIID, IVA)

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## Journal Articles

The articles listed below are arranged according to the content area to which they most apply. Journal articles are an important supplementary resource because they address those issues that are of interest to practicing nurses and provide “real world” examples of how the theory found in textbooks can be applied to actual clinical situations. The articles listed were selected because they are most current and particularly relevant to the content covered by this examination. Because journal articles tend to be written in a simple, straightforward manner, you may find them useful in explaining or expanding upon difficult concepts. You may also find them helpful in providing an “inside view” into unfamiliar areas of nursing practice. You are encouraged to read widely; you may find other articles of interest.

### I. Trends and Events That Have Influenced the Development of the Profession of Nursing (1860–Present)

- Backer, B. (1993). Lillian Wald: Connecting caring with activism. *Nursing and Health Care*, 14(3), 122–129.
- Christy, T.E. (1969). Portrait of a leader: Isabel H. Robb. *Nursing Outlook*, 17(3), 26+.
- Christy, T.E. (1969). Portrait of a leader: Isabel Maitland Stewart. *Nursing Outlook*, 17(3), 44+.
- Christy, T.E. (1969). Portrait of a leader: M. Adelaide Nutting. *Nursing Outlook*, 17(3), 46+.
- Christy, T.E. (1970). Portrait of a leader: Lillian D. Wald. *Nursing Outlook*, 18(3), 50+.
- Christy, T.E. (1975). The fateful decade. *American Journal of Nursing*, 23(7), 1163+ (Isabel Robb, Lavinia Dock, M. Adelaide Nutting).
- Cook, P.R. (1995). Isabel Stewart, nursing education leader. *Nursing and Health Care*, 16(1), 20–23.
- Gropper, E.I. (1990). Said another way: Florence Nightingale: Nursing’s first environmental theorist. *Nursing Forum*, 25(3), 30–33.
- Keeling, A.W., & Ramos, M.C. (1995). The role of nursing history in preparing nursing for the future. *Nursing and Health Care*, 16(1), 24–29.
- Kippembrook, T. (1991). Wish I’d been there: A sense of nursing’s history. *Nursing and Health Care*, 12(4), 208–212.
- Larsen, E. (1995). Twenty years: The American Academy of Nursing and the Institute of Medicine in perspective. *Nursing Outlook*, 43(3), 105–111.
- Macrae, J. (1995). Nightingale’s spiritual philosophy and its significance for modern nursing. *Image*, 27, 8–14.
- Maraldo, P.J. (1992). NLN’s first century. *Nursing and Health Care*, 13(5), 227–228.
- McBurney, B. H., & Filoromo, T. (1994). The Nightingale pledge: 100 years later. *Nursing Management*, 25(2), 72–74.
- Olson, T. (1995). Recreating past separations and the employment patterns of nurses 1900–1940. *Nursing Outlook*, 43(5), 210–214.
- Parker, J. (1994). Development of the American board of nursing specialties. *Nursing Management*, 25(1), 33–35.
- Stratton, T. et al. (1995). Redefining the nursing shortage: A rural perspective. *Nursing Outlook*, 43(2), 71–77.

## II. Accountability for Professional Practice

- Ammon-Gaberson, K.B., & Piantanida, M. (1988). Generating results from qualitative data. *Image*, 20(3), 159–161.
- Cohen, M.Z. et al. (1994). Knowledge and presence: Accountability as described by nurses and surgical patients. *Journal of Professional Nursing*, 10(3), 177–185.
- Fiesta, J. (1995). Home care liability. *Nursing Management*, 26(11), 24–26.
- Fox, A.E. (1994). Ethical issues: Confronting the use of placebos for pain. *American Journal of Nursing*, 94(9), 42–45.
- Fry-Revere, S. (1994). Ethics consultation: An update on accountability issues. *Pediatric Nursing*, 20(1), 95–98.
- Haddad, A. (1995). Acute care decisions: Ethics in action. *RN*, 58(11), 17–18.
- Henkelman, W. (1994). Inadequate pain management: Ethical considerations. *Nursing Management*, 25(1), 48A–48D.
- Hughes, T.L., & Smith, L.L. (1994). Is your colleague chemically impaired? *American Journal of Nursing*, 94(9), 31–35.
- Jones, L.C. (1994). A right to die? *Intensive and Critical Care Nursing*, 10(4), 278–288.
- Lang, N.M. (1995). Quality assurance: The foundation of professional care. *The Journal of the American Nurses Association*, 26(1), 48–50.
- Liaschenko, J. (1995). Ethics in the work of acting for patients. *Advances in Nursing Science*, 18(2), 1–12.
- Martin, P.A. (1994). The utility of the research problem statement. *Applied Nursing Research*, 7(1), 47–49.
- Martin, P.A. (1994). Responsibilities when the patient is a research subject. *Applied Nursing Research*, 7(3), 158–161.
- Martin, P.A. (1995). Recruitment of research subjects. *Applied Nursing Research*, 8(1), 50–54.
- Michel, Y., & Sneed, N.V. (1995). Dissemination and use of research findings in nursing practice. *Journal of Professional Nursing*, 11(5), 306–311.
- Ott, B. (1995). The human genome project: An overview of ethical issues and public policy concerns. *Nursing Outlook*, 43(5), 228–231.
- Pieper, B. (1994). A research primer. *Journal of Wound, Ostomy, and Continence Nursing*, 21(1), 26–33.
- Pieranunzi, V.R. (1992). Informed consent with children and adolescents. *Journal of Child and Adolescent Psychiatric Mental Health Nursing*, 5(2), 21–27.
- Polit, D.F., & Sherman, R.E. (1990). Statistical power in nursing research. *Nursing Research*, 39(6), 355–368.
- Rafael, A.R. (1995). Advocacy and empowerment: Dichotomous or synchronous concepts? *Advances in Nursing Science*, 18(2), 25–32.
- Richman, D., & Valentini, S.M. (1995). Legally speaking: If you're asked to be a health care proxy. *RN*, 58(11), 51–55.
- Rushton, C.H., & Infante, M.C. (1995). Keeping secrets. *The Ethical and Legal Challenges*, 21(5), 479–481.
- Simpson, R. (1995). Ethics in the information age. *Nursing Management*, 26(11), 20–21.
- Vergara, M., & Lynn-McHale, D. (1995). Withdrawing life support: Who decides? *AJN*, 95(11), 47–49.

### III. Design and Management of Professional Practice

- American Organization of Nurse Executives. (1994). Differentiated competencies for nursing practice. *Nursing Management*, 25(9), 34–35.
- Boynton, D. (1995). State managing change: Supporting new patient care models. *Nursing Economics*, 13(3), 166–173.
- Brooks, B., & Rosenberg, S. (1995). Incorporating nursing theory into a nursing department's strategic plan. *Nursing Management*, 26(11), 81–86.
- Capriano, T. (1995). Clinical pathways: Practical approaches, positive outcomes. *Nursing Management*, 26(1), 34–37.
- Davis, P.D. (1995). Enhancing multicultural harmony: Ten actions for nurse managers. *Nursing Management*, 26(7), 32A–32H.
- Forsey, L.M., Cleland, V.S., & Miller, R. (1993). Job descriptions for differentiated nursing practice and differentiated pay. *Journal of Nursing Administration*, 23(5), 33–40.
- Garon, M. (1992). Contributions of Martha Rogers to the development of nursing knowledge. *Nursing Outlook*, 40(2), 67–72.
- Green, A. et al. (1995). Are you at risk for disciplinary action? *AJN*, 95(7), 36–42.
- Gudmunson, A.M. (1995). Personal reflections on Martha Rogers. *Nursing and Health Care*, 16(1), 36–37.
- Havens, D.S. (1994). Is governance being shared? *Journal of Nursing Administration*, 24(6), 59–64.
- Hernandez, C.A. et al. (1995). Increasing the validity of a quality monitoring methodology. *Nursing Management*, 26(10), 41–45.
- Herrick, K. et al. (1994). My license is not on the line: The art of delegation. *Nursing Management*, 25(2), 48–50.
- Hines, P. (1994). Work restructuring: The process of redefining roles of patient caregivers. *Nursing Economics*, 12(6), 346–350.
- Koester, J. et al. (1995). A nursing career leadership program. *Nursing Management*, 26(9), 84–88.
- Manion, J. (1995). Understanding the seven stages of change. *AJN*, 95(4), 41–43.
- Pophal, L.G. (1995). Dealing with co-worker conflicts. *Nursing* 95, 25(11), 78–81.
- Porter-O'Grady, T. (1995). Managing along the continuum: A new paradigm for the clinical manager. *Nursing Administration Quarterly*, 19(3), 1–12.
- Queen, V. (1995). Performance evaluation. *Nursing Management*, 26(9), 52–55.
- Vena, C., & Oldaker, S. (1994). Differentiated practice: The new paradigm using a theoretical approach. *Nursing Administration Quarterly*, 19(1), 66–73.
- Wendle, P.E., & Houston, S. (1995). Continuous outcome measurement technique improving patient outcomes. *Nursing Management*, 26(9), 64DD, 64FF–64II.

#### IV. The Health Care Delivery System

- Aiken, L. (1995). Transformation of the nursing workforce. *Nursing Outlook*, 43(5), 201–209.
- Biordi, D. (1995). Accounting for nursing costs by DRG ... Selected authors from 1985 update their articles. *Journal of Nursing Administration*, 25(1), 6–8.
- Blouin, A. (1994). Revisiting collective bargaining. *Journal of Nursing Administration*, 24(9), 9–10.
- Buerhaus, P. (1994). Price controls, health care reform, and new RN shortages. *Nursing Economics*, 12(6), 309–317.
- Buerhaus, P. (1995). Economic pressures building in the hospital employed RN labor market. *Nursing Economics*, 13(3), 137–141.
- Brooten, D. (1995). Nurses' effect on changing patient outcomes. *Image*, 27(2), 95–99.
- Chamberlain, P. et al. (1995). Innovative cultural shock prescribed for health care. *Nursing Outlook*, 43(5), 232–234.
- Dickerson, S. (1994). Interpreting political agendas from a critical social theory perspective. *Nursing Outlook*, 42(6), 265–271.
- Haas, S.A. et al. (1995). Dimensions of the staff nurse role in ambulatory care: Part II – Comparison of role dimensions in four ambulatory settings. *Nursing Economics*, 13(3), 152–165.
- Hutchens, G.C. (1994). Differentiated interdisciplinary practice. *Journal of Nursing Administration*, 24(6), 52–58.
- Koerner, J. (1992). Differentiated practice: The evolution of professional nursing. *Journal of Professional Nursing*, 8(6), 335–341.
- Moss, M. (1994). Service integration in a reform era. *Nursing Economics*, 12(5), 256–260.
- Sharp, N. (1995). Legislative effects: What's next? Medicare: What's happening? *Nursing Management*, 26(11), 58–59.

# Notes

# Notes

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### Key To Sample Questions

Question	Key	Content Area <sup>1</sup>	Question	Key	Content Area <sup>1</sup>
1	3	IA2	13	3	IIIA2
2	4	IA2	14	1	IIIB3
3	2	IB5	15	1	IIIB3
4	4	IIA2	16	3	IIIC1
5	2	IIB2	17	2	IIIC2
6	4	IIB3	18	2	IIIC2
7	2	IIB3	19	3	IIID2
8	3	IIC2	20	2	IVA2
9	1	IIC6	21	3	IVB1
10	2	IIC7	22	1	IVB1
11	1	IIIA1	23	3	IVB1
12	4	IIIA2			

<sup>1</sup>Content Area refers to the location of the question topic in the content outline.

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<b>Arts and Sciences</b>		<b>Nursing: Associate Level</b>	
Abnormal Psychology† . . . . .	3*	Differences in Nursing Care: Area A (modified)①. . . . .	4
American Dream† . . . . .	6*	Differences in Nursing Care: Area B①. . . . .	5
Anatomy & Physiology† . . . . .	6	Differences in Nursing Care: Area C②. . . . .	5
English Composition†. . . . .	6	Fundamentals of Nursing** . . . . .	8
Ethics: Theory & Practice† . . . . .	3*	Maternal & Child Nursing (associate)** . . . . .	6
Foundations of Gerontology . . . . .	3*	Maternity Nursing** . . . . .	3
History of Nazi Germany†. . . . .	3*	Nursing Concepts 1. . . . .	4
Life Span Developmental Psychology† . . . . .	3	Nursing Concepts 2. . . . .	4
Microbiology†. . . . .	3	Nursing Concepts 3. . . . .	4
Organizational Behavior . . . . .	3*	Occupational Strategies in Nursing② . . . . .	3
Pathophysiology . . . . .	3*		
Psychology of Adulthood & Aging . . . . .	3*	<b>Nursing: Baccalaureate Level</b>	
Religions of the World†. . . . .	3*	Adult Nursing** . . . . .	8*
Research Methods in Psychology† . . . . .	3*	Health Restoration: Area I. . . . .	4*
Statistics†. . . . .	3	Health Restoration: Area II . . . . .	4*
World Population† . . . . .	3*	Health Support A: Health Promotion & Health Protection . . . . .	4*
<b>Business</b>		Health Support B: Community Health Nursing. . . . .	4*
Business Policy & Strategy . . . . .	3△	Maternal & Child Nursing (baccalaureate)** . . . . .	8*
Ethics: Theory & Practice . . . . .	3*	Professional Strategies in Nursing . . . . .	4*
Human Resource Management. . . . .	3*	Psychiatric/Mental Health Nursing** . . . . .	8*
Labor Relations. . . . .	3*	Research in Nursing† . . . . .	3*
Organizational Behavior . . . . .	3*		
Production/Operations Management. . . . .	3△		
<b>Education</b>			
Reading Instruction in the Elementary School . . . . .	6*		

\* Indicates upper-level college credit. \*\*These examinations do not apply toward the Excelsior College Nursing Degrees.  
† Guided Learning Packages are available for these exams. △ Indicates lower-level college credit for Business Program,  
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